Accommodations and Alternate Assessment Decision Making Worksheet

Participation of Students with Disabilities in Statewide Assessments

At an IEP team meeting held at the beginning of each calendar year, a decision must be made on whether a student with disabilities will participate in the general statewide assessment with or without accommodations, or in the alternate assessment. To determine if a student meets the participation criteria for the alternate assessment, please complete the worksheet below.

Student Name: Date:

A student is eligible to participate in New Hampshire's alternate assessment if his/her IEP team determines that the student meets all of the following participation criteria:

- Does the student have a current IEP?
 - If yes, continue to the worksheet below.
 - If no, student is not eligible for New Hampshire's alternate assessment.

1. The student has a most significant cognitive disability. In order to define a student as having a most significant cognitive disability, the IEP team must review student records and agree: The student is typically characterized as functioning at least two and a half to three standard deviations below the mean in both adaptive behavior and cognitive functioning; and The student performs substantially below grade level expectations (this does NOT include students working 1-2 grade levels below their designated grade) on the academic content standards for the grade in which they are enrolled, even with the use of adaptations and accommodations; and	Participation Criterion	Participation Criterion Descriptors	Agree (Yes) OR Disagree (No)?
 There is documented evidence that the student requires extensive, direct individualized instruction and substantial supports to achieve measurable gains, across all content areas and settings. 	significant cognitive	 cognitive disability, the IEP team must review student records and agree: The student is typically characterized as functioning at least two and a half to three standard deviations below the mean in both adaptive behavior and cognitive functioning; and The student performs substantially below grade level expectations (this does NOT include students working 1-2 grade levels below their designated grade) on the academic content standards for the grade in which they are enrolled, even with the use of adaptations and accommodations; and There is documented evidence that the student requires extensive, direct individualized instruction and substantial supports to achieve measurable gains, 	If yes, answer

1a. Describe the ways in which the student's significant cognitive disability and deficits in adaptive behavioral skills would prevent this student from participating in the general assessment even with appropriate accommodations and designated supports.

Participation Criterion	Participation Criterion Descriptors	Agree (Yes) OR Disagree (No)?
2. Please review the list of Characteristics of Students Appropriately Served under Alternate Assessment based on Alternate Achievement Standards.	 Limited Communication: The student may have very limited vocabulary and language skills, or may be nonverbal. The student may use simple language structures to communicate and seldom acquires new communication skills through incidental learning. This does not include any student with "limited communication" who has no effective communication system in place or under active development; AND Very Low Levels of Academic Achievement: Performance in the subject matters of Reading, Writing, Mathematics, and Science is significantly below that of same-aged peers. This does not include students working just 1 or 2 grade levels below grade-level, or any student who has not had full opportunity to benefit from empirically sound instructional intervention. This also does not include any student who has, as documented in IEP team meeting notes, had a significant cognitive disability "ruled out" in order to identify the student as a child having a specific learning disability; AND Highly Specialized Instruction: The student generally requires systematic instruction with tasks broken into small steps. In addition, the student needs deliberate instruction to apply learned skills across multiple settings (e.g., school, home, work, and other settings); AND Ample Supports: The student requires individualized instructional, technological, or interpersonal supports to make progress in learning. The student requires accommodations to demonstrate proficiency of even the modified performance expectation levels described above, such as modeling and repeated demonstration, specially 	Disagree (No)? Did the student meet the criteria? Yes / No
The IFP team agrees that all crit	designed prompting procedures, and alternate or augmented communication systems. This does not include any student who needs ample support but has no clear evidence of significant cognitive disability. Teria describe the student, and determined that the student	
must participate in the alternat		Yes / No

Decisions for determining participation in the alternate assessment must not be based solely on any of the following:

- 1. A disability category or label
- 2. Poor attendance or extended absences
- 3. Native language/social/cultural or economic difference
- 4. Expected poor performance on the general statewide assessment
- 5. Academic and other services student receives
- 6. Educational environment or instructional setting
- 7. Percent of time receiving special education

- 8. English Learner (EL) status
- 9. Low reading level/achievement level
- 10. Anticipated student's disruptive behavior
- 11. Impact of student scores on accountability system
- 12. Administrator decision
- 13. Anticipated emotional distress
- Need for accommodations (e.g., assistive technology/Augmentative and Alternative Communication) to participate in assessment

Signatures of Team Members Involved in the Assessment Decision Making Process

By signing below, team members verify that the Decision Making Worksheet was reviewed and have determined that the student meets the criteria for participation in the assessment(s) identified above.

Printed Name/Signature:	Role/Position:

If you have any questions, please contact the New Hampshire Department of Education, Office of Assessment:

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Please maintain this form at the school site and make available for Assessment Monitoring.

Do not send this form to the Hampshire Department of Education. Thank you.